

EXHIBIT AQ

MBP: Child Protective Services Management of Cases**Table 2. ACCEPTS Model of Abuser Therapy Progress.**

AC	Acknowledgement: The literature suggests that the most important indicator of treatment progress and potential for meaningful change is the ability of the abuser to acknowledge and take responsibility for (intentional and/or unintentional) inappropriate behaviors and being able to describe specifically how those behaviors placed the child at risk.
C	Coping: Abusers who (1) develop more effective coping strategies to manage their own stress and emotional needs, and (2) are able to consistently utilize those skills during times of increased stress have a better prognosis and reduced risk of relapse.
E	Empathy: Prognosis improves with demonstration by the abuser of (1) an increased ability to empathize with the child, and (2) appropriate cognitive and emotional responses to past abusive/ neglectful behaviors, the harm caused, and the potential harm the behaviors could have caused the child.
P	Parenting: The development of effective parenting skills is extremely important. This includes placing the needs of the child before those of the abuser.
T	Taking charge: Those abusers who have done the best have taken charge of their own recovery and stability. They recognize their power in situations and learn to utilize it appropriately. They make proactive plans to ensure they have the support and safety nets in place to catch relapses quickly and to protect the child.
S	Support: Due to the high relapse rate, ongoing support and monitoring are essential. Abusers who agree to such a plan (or, even better, who design such a plan), are at a reduced risk for causing further harm to their children.

Transition Home

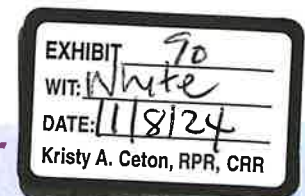
If re-evaluation by the consulting expert concludes that sufficient progress has been made to attempt reunification, a slow reunification process is recommended. If reports of symptoms or disability increase during the transition, this could be a signal that the reunification is premature, proceeding too quickly, or contra-indicated. With older children, minor increases in symptoms or disability may be expected due to increased stress and expectations of illness or disability. If these are not remediable, it may be helpful to slow reunification while the child is allowed more time in treatment.

All plans for transition home must include others in a safety plan. Spouses or partners, extended relatives, school officials, therapists, health providers, and others can serve as helpful monitors and intervene if needed. Consistency in providers is recommended. Please see the general guidelines for important components of a clinical monitoring plan (APSAC Taskforce, 2018). The ability to refrain from abuse or neglect must be proven over several years. The courts may recommend

a lengthy probation period, during which the abuser would need to receive court authorization to move or travel out of the jurisdiction.

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